

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		1	
2	/		X				52		1	
3	/		X				53		1	
4	/		X				54		1	
5	/		X				55		1	
6	/		X				56		2	
7	/		X				57		2	
8	/		X				58		2	
9	/		X				59		2	
10	/		X				60		2	
11	2		X				61			
12	/		X				62			
13	/		X				63			
14	/		X				64			
15	/		X				65			
16	/		X				66			
17	4		X				67			
18	/		X				68			
19	/		X				69			
20	/		X				70			
21	/		X				71			
22	/		X				72			
23	/		X				73			
24	/		X				74			
25	/		X				75			
26	/		X				76			
27	/		X				77			
28	/		X				78			
29	/		X				79			
30	/		X				80			
31	/		X				81			
32	2		X				82			
33	/		X				83			
34	/		X				84			
35	/		X				85			
36	/		X				86			
37	/		X				87			
38	/		X				88			
39	/		X				89			
40	/		X				90			
41	/		X				91			
42	/		X				92			
43	/		X				93			
44	/		X				94			
45	/		X				95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	17		1				TOTAL IND.	11		
TOTAL DEP.	33	←	11	←		←	TOTAL DEP.	15	←	←
TOTAL CLAIMS	50		12				TOTAL CLAIMS	16		